UNIVERSITY OF NORTH DAKOTA
SCHOOL OF GRADUATE STUDIES

FINAL REPORT
THESIS/DISSERTATION/EXIBITION

Student Information

Student ID: _____ First Name: _____ Last Name: _____

Program: _____

Report on Final Presentation

Semester Graduating:

Year:

Final Project:

Final Defense/Presentation Date:

Signatures

By signing this form, I verify that the candidate has satisfactorily completed all requirements for the degree.

Role	Signature	Date	Satisfactory	Unsatisfactory
Chair				
Co-Chair				
Committee Member				
Committee Member				
Committee Member				
Member at Large				
Graduate Program Director				
School of Graduate Studies*				

*This form has been received and recorded by the School of Graduate Studies. Signature by the School of Graduate Studies does not indicate that the degree requirements have been met until after the degree audit is completed.

Degree Audit Completed

This section will be completed after the degree audit is complete and all required documents have been received and final grades have been posted.

The Candidate has satisfactorily completed the final project, and all remaining degree requirements have been met. The School of Graduate Studies authorizes award of the degree.

Date Degree Awarded: _____